

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

ZARYUB MUSA TARIFF BEY; DIANE  
BURCHETTE BEY,

Plaintiffs,

-against-

WESTCHESTER COUNTY POLICE  
HEADQUARTERS; R. CAMAD; OTHER  
AGENTS OR COPS WHO FAILED TO ID  
WHO THEY ARE,

Defendants.

24-CV-9098 (LTS)

ORDER DIRECTING PAYMENT OF FEES  
OR IFP APPLICATION

LAURA TAYLOR SWAIN, Chief United States District Judge:

Plaintiffs Zaryub Musa Tariff Bey (“Tariff Bey”) and Diane Burchette Bey (“Burchette Bey”) bring this action *pro se*. To proceed with a civil action in this court, a plaintiff must either pay \$405.00 in fees – a \$350.00 filing fee plus a \$55.00 administrative fee – or, to request authorization to proceed *in forma pauperis* (“IFP”), that is, without prepayment of fees, each plaintiff must submit a signed IFP application. *See* 28 U.S.C. §§ 1914, 1915.

Plaintiffs submitted the complaint without the filing fees. Burchette Bey filed an IFP application, but Tariff Bey did not. Within 30 days of the date of this order, Plaintiffs must either pay the \$405.00 in fees or Tariff Bey must submit the attached IFP application. If Tariff Bey submits the IFP application, it should be labeled with docket number 24-CV-9098 (LTS).

No summons or answer shall issue at this time. If Plaintiffs comply with this order, the case shall be processed in accordance with the procedures of the Clerk’s Office. If Plaintiffs do not pay the fees or Tariff Bey does not submit an IFP application within the time allowed, claims brought on behalf of Tariff Bey will be dismissed without prejudice and this action proceed with Burchette Bey as the sole plaintiff.

The Court certifies under 28 U.S.C. § 1915(a)(3) that any appeal from this order would not be taken in good faith, and therefore IFP status is denied for the purpose of an appeal. *Cf. Coppedge v. United States*, 369 U.S. 438, 444–45 (1962) (holding that appellant demonstrates good faith when seeking review of a nonfrivolous issue).

SO ORDERED.

Dated: January 10, 2025  
New York, New York

/s/ Laura Taylor Swain

LAURA TAYLOR SWAIN  
Chief United States District Judge

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

\_\_\_\_\_  
(Full name(s) of the plaintiff or petitioner applying (each person must submit a separate application))

-against-

CV \_\_\_\_\_ ( ) ( )

(Enter case number and initials of assigned judges, if available; if filing this with your complaint, you will not yet have a case number or assigned judges.)

\_\_\_\_\_  
(Full name(s) of the defendant(s)/respondent(s).)

**APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS**

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (“IFP”) (without prepaying fees or costs), I declare that the responses below are true:

1. *Are you incarcerated?* ☐ Yes ☐ No (If “No,” go to Question 2.)

I am being held at: \_\_\_\_\_

Do you receive any payment from this institution? ☐ Yes ☐ No

Monthly amount: \_\_\_\_\_

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a “Prisoner Authorization” directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. *Are you presently employed?* ☐ Yes ☐ No

If “yes,” my employer’s name and address are: \_\_\_\_\_

Gross monthly pay or wages: \_\_\_\_\_

If “no,” what was your last date of employment? \_\_\_\_\_

Gross monthly wages at the time: \_\_\_\_\_

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(b) Rent payments, interest, or dividends	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

- |                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| (c) Pension, annuity, or life insurance payments                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability or worker's compensation payments                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts or inheritances                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Any other sources                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

If you answered "No" to all of the questions above, explain how you are paying your expenses:

4. How much money do you have in cash or in a checking, savings, or inmate account?
  
5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:
  
6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:
  
7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):
  
8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

*Declaration:* I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Last, First, MI)

\_\_\_\_\_  
Prison Identification # (if incarcerated)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail Address (if available)